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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/391,141        |
| Filing Date            | 09/07/1999        |
| First Named Inventor   | Jonathan T. Foote |
| Art Unit               | 2612              |
| Examiner Name          | Jason T. Whipkey  |
| Attorney Docket Number | FXPL-01002US0     |

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <i>14 Replacement</i><br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD<br><br>Remarks | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>1. Return Postcard;<br>2. Part B - Fee(s) Transmittal for Issue Fee |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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|--------------|--------------------|--------------|--------|
| Firm Name    | Fliesler Meyer LLP | Customer No. | 23910  |
| Signature    | <i>[Signature]</i> |              |        |
| Printed name | Michael L. Robbins |              |        |
| Date         | <i>10/27/05</i>    | Reg. No.     | 54,774 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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| Signature             | <i>[Signature]</i> |      |                 |
| Typed or printed name | Michael L. Robbins | Date | <i>10/27/05</i> |

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